MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO | FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3		1				
4		1				
5		2				
6		2				
7	1					
8		1				
9	1					
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50						
TOTAL IND.	8					
TOTAL DEP.	11					
TOTAL CLAIMS	19					

	IND	DEP	IND	DEP	IND	DEP
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS